

10/519464

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

06/20/2005 PKIDWELL 00000016 502121 10519464
01 FC:2642 200.00 DA

01/06/2005 MKAYPAGH 00000112 10519464

01 FC:2631	150.00 OP
02 FC:2632	250.00 OP
03 FC:2633	100.00 OP

02 FC:2632

-250.00 OP

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/519463</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
10 REASON: <input type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____		7 TOTAL AMOUNT OF REFUND		\$ 253.00
		8 TO BE REFUNDED BY:		
		Treasury Check Credit Deposit A/C #: _____		
		9 <div style="display: flex; justify-content: space-between; width: 100%;"> EXP. DATE XXXXXXXXXXXX </div> 		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: _____ TITLE: _____ SIGNATURE: _____ PHONE: _____ -250.00 OP OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: